Joining the Sons of Confederate Veterans

The Arkansas Division Sons of Confederate Veterans is a part of a larger national Sons of Confederate Veterans organization. Founded in 1896, the Arkansas Divisions purpose is to honor, remember and preserve the Confederate soldiers good name. Our organization is a Veterans and Heritage organization working to remember our Confederate forbears through grave cleanings, memorial services and erecting markers for forgotten Veterans. The Sons of Confederate Veterans is a organization made up of direct male descendants of a Confederate Soldier. Organized at Richmond, Virginia in 1896, the SCV continues to serve as a historical, patriotic, and non-political organization dedicated to ensuring that a true history of the 1861-1865 period is preserved. Membership in the Sons of Confederate Veterans is open to all male descendants of any veteran who served honorably in the Confederate armed forces. Membership can be obtained through either direct or collateral family lines and kinship to a veteran must be documented genealogically. If you are wanting to join the Sons of Confederate Veterans please fill out the family tree on the second page to the best of your ability. Email to you closest SCV Camp Contact or Email to ardivisioncommunications@gmail.com we will reach back out as soon as they can to help you on your journey.

Chart No. ____

Fill this out as much as you possibly can to help the genealogist.

1 **YOU**

B:
P:
M:
D:
DP:

Spouse:

2 **Father**

B:
P:
M:
D:
DP:

3 **Mother**

B:
P:
M:
D:
DP:

4
B:
P:
M:
D:
DP:

5
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6
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7
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16 B: D:

17 B: D:

18 B: D:

19 B: D:

20 B: D:

21 B: D:

22 B: D:

23 B: D:

24 B: D:

25 B: D:

26 B: D:

27 B: D:

28 B: D:

29 B: D:

30 B: D:

31 B: D:

Legend:

B: Birthdate
P: Place of birth
M: Marriage date
D: Date of death
DP: Place of death

www.FreeFamilyTreeTemplates.com

Genealogy Links

Contact a Recruiter

Application For Membership

Locate a Camp

Type or Print Clearly in Black Ink Only to Avoid Mistakes. Unlegbile or incomplete applications will be returned to the camp, delaying processing. Make sure to check applicable boxes if re-instatement, cadet turning 12, or supplemental certificate.

Initial Dues are **$40.00** which includes a $5.00 recording fee; local and state dues are additional. Go to www.scv.org/campLocator.php to find a local Camp. Submit your application directly to the local Camp you wish to join or to: SCV, P.O. Box 59, Columbia TN 38402-0059 if there is no Camp in your area. Attach a copy of the ancestor's war service record or an approved pension for him or his widow. Also include a simple genealogy family tree linking the applicant to the Confederate Soldier. If accepted, I do hereby promise strict compliance to the Constitution and rules of the organization.

re- instatement only_____ check if applicable **Cadet member having attained the age of 12_____** **Supplemental Certificate_____**

old camp#_____ old id#_____ **cadet Cadet id#_____** **Member id#_____**

To the Officers and Members of _____

Camp No. _____ Located at _____

State of **Arkansas** _____ I, the undersigned, respectfully petition to become a member of the

Sons of Confederate Veterans

The Confederate patriot through whom I petition for membership, and who adhered to the Cause of the Confederate States of America, was my _____ whose name was

Relationship to Applicant (Print Clearly)

_____

Full Name of Confederate Soldier (Print Clearly)

of _____ , _____

City/County (Print Clearly) State

My Lineal ☐ Collateral ☐ (Check One) Confederate Ancestor was a _____ in Company _____

Rank (Print Clearly)

_____

Complete Name of Regiment or Unit (print Clearly)

My Confederate Ancestor was: ☐ Paroled, ☐ Surrendered, ☐ Released on Oath, ☐ Discharged, ☐ Killed, ☐ or died

On _____ and is buried in _____

DATE County State Name of Cemetery

_____ _____

Applicants full name printed very clearly. Legal Signature

_____ _____ _____ _____

ADDRESS City State Zip Code

_____ _____ _____ _____ _____

Date of Birth MM/DD/YYYY Occupation Mobile Phone OTHER Phone email address

RECOMMENDED BY

SCV ID# _____ _____

Current Member's Name (Print) **AND SCV ID# (IMPORTANT!!)** Camp Name and Number

Report on Application

This application has been examined, and from the information which the camp committee has been able to procure, is approved

SCV ID# _____ SCV ID# _____

SIGNATURE - Camp Committee on Application **AND SCV ID#** SIGNATURE - Camp Committee on Application **AND SCV ID#**

_____ _____

Date approved for Membership by Camp **Membership #_____** **Put into SF initals_____** Date Received at GHQ